

# Form CPF M 102: Campaign Finance Report Municipal Form

JAN 16 2015

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission	1/5/201
Reporting Period - Beginning: 1/1/2014	Ending: 12/31/2014
Type of report: Year-end	
	Corribbee to Flort Mouroon Corney
Maureen T Carney	Committee to Elect Maureen Carney  Committee Name
Full Name of Candidate	
City Councilor from Ward One	Andrea Fox
Office Sought/ District	Name of Committee Treasurer
13 Church St	13 Church St
Northampton, MA 01060	Northampton, MA 01060
Residential Address	Committee Address
SUMMARY BALANCI	F. TNFORMATTON
• • • • • • • • • • • • • • • • • • • •	
Ending Balance from previous rep	\$0.00
Total receipts this period: Subtotal:	\$1,895.60
	\$0.00
Total expenditures this period:	\$1,895.60
Ending Balance:	- PPPOT
Total inkind contributions this	
Total outstanding liabilities: Name of bank(s) used: Florence	\$1,950.00 e Savings
Affidavit of Committee Treasurer:  I certify that I have examined this report, including attached belief, a true and complete statement of all campaign finance expenditures, disbursements, inkind contributions and liabilit finance activity of all persons acting under the authority or	activity including all contributions, loans, receipts, ies for this reporting period and represents the campaign
requirements of M.G.L. c. 55.  Signed under the penalties of perjury:	
Andrea Pao	1-5-2015
Treasurer's signature (in ink)	Date
Affidavit of Candidate (check 1 box only):  Candidate with Committee and no activity independent of certify that I have examined this report, and attached sched true and complete statement of all campaign finance activity, this committee in accordance with the requirements of M.G.L. cany liabilities nor made any expenditures on my behalf during	ules and it is, to the best of my knowledge and belief, a of all persons acting under the authority or on behalf of . 55. I have not received any contributions, incurred
Candidate without Committee OR candidate with inder I certify that I have examined this report and attached schedu a true and complete statement of all campaign finance activity disbursements, inkind contributions and liabilities for this r finance activity of all persons acting under the authority or requirements of M.G.L. c. 55.	les and it is, to the best of my knowledge and belief, including contributions, loans, receipts, expenditures, eporting period and represents the campaign

Signed under the penalties of perjury:

### Schedule A: Receipts

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

Date	Name and Residential Address	Amount	Occupation and Employe
	ized Receipts emized Receipts ipts	\$0.00 \$0.00 \$0.00	

### Schedule B: Expenditures

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures over \$50 and under may be added together from committee records, and reported on line 13.

Date	Name and Address	Amount	Purpose
	ized Expenditures emized Expenditures nditures	\$0.00 \$0.00 \$0.00	

#### Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind contributions of more than \$50. In-kind contributions \$50 and under may be added together, from the committee's records, and included in line 16. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	Description Occupation/Employer
Total Unite	ized Inkind Contributions emized Inkind Contributions nd Contributions	\$0.00 \$0.00 \$0.00	

## Schedule D: Liabilities

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as the liabilities incurred during this reporting period.

Date	To Whom Due	Amount	Purpose
10/10/2005	Maureen T. Carney 13 Church St Northampton, MA 01060	\$950.00	Loan
9/13/2005	Maureen T. Carney 13 Church St Northampton, MA 01060	\$1,000.00	Loan
Total Outst	anding Liabilities	\$1,950.00	